



Notification Date: December 26, 2018
To: Ohio Providers
From: CareSource®
Subject: Notice of Changes to Retro Prior Authorization Timeframe Requirements
Effective Date: February 25, 2019

SUMMARY:

Effective **February 25, 2019**, CareSource will be updating the retro prior authorization timeframe requirements for the following lines of business:

- CareSource Ohio Medicaid
- CareSource Ohio MyCare
- CareSource Ohio Marketplace

WHAT YOU SHOULD KNOW:

Upon written request, CareSource shall permit retrospective review within 30 days of the date of service where a prior authorization was required but not obtained (retro authorization). To qualify, the service must meet **all** of the following:

- The service is directly related to another service for which prior approval has already been obtained and that has already been performed.
- The new service was not known to be needed at the time the original prior authorized service was performed.
- The need for the new service was revealed at the time the original authorized service was performed.

Unless the CareSource member is transitioning and qualifies under the retroactive coverage requirements, all of the above criteria will need to be met to qualify for a retro authorization review.

Claims not meeting the necessary criteria as described above will be denied.

NEXT STEPS:

When submitting a retro authorization request, the following documentation must be provided:

- Member name and CareSource ID number
- Authorization number of the previously authorized service that the request is related to
- All supporting documentation related to the service